

Practitioner's Docket No. 57243-5007

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Samuel W. Ho

Application No.: 10/086,557

Group No.: 3626

Filed: February 28, 2002

Examiner: LINH-GIANG LE

For: **QUALITY RATING TOOL FOR THE HEALTH CARE INDUSTRY**

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a large entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for two months:

Fee: \$450.00

Authorization is hereby made to charge the amount of \$450.00 to our Account No. 10-0440.

TRANSMISSION

☒ I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail service in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-14506.


Signature

Date: August 11, 2006

Vickie D. Wall

(type or print name of person certifying)

* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)										
	CLAIMS												
	REMAINING	HIGHEST NO.		PRESENT								ADDIT.	
	AFTER	PREVIOUSLY		EXTRA								FEE	
	AMENDMENT	PAID FOR											
TOTAL	55	—	30	=	25	x	\$	50.00	=	\$		1,250.00	
INDEP.	17	—	9	=	8	x	\$	200.00	=	\$		1,600.00	
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+	\$	0.00	=	\$		0.00	
										TOTAL			
										ADDIT. FEE		\$	2,850.00

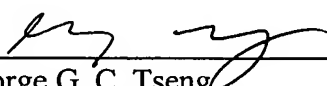
Authorization is hereby made to charge the amount of \$2,850.00 to our Account No. 10-0440.

FEE DEFICIENCY

5. If an additional extension and/or fee is required, charge Account No. 10-0440.

If an additional fee for claims is required, charge Account No. 10-0440.

Date: August 11, 2006



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